Kansas Drug Utilization Review Newsletter

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Welcome to the summer 2013 edition of the "Kansas Drug Utilization Review Newsletter," published by Health Information Designs, LLC (HID). This newsletter is part of a continuing effort to keep the Medicaid provider community informed of important changes in the Kansas Medical Assistance Program (KMAP).

Helpful Web Sites	Fee-For-Service (FFS) Helpful Numbers	In This Issue
KMAP Web Site https://www.kmap-state-ks.us/ **KDHE-DHCF Web Site** http://www.kdheks.gov/hcf/ **KanCare Web Site** http://www.kancare.ks.gov/	**Provider Customer Service (Provider Use Only)** 1-800-933-6593 **Beneficiary Customer Service** 1-800-766-9012 **KMAP PA Help Desk** 1-800-285-4978	

Updated GERD Guidelines

In February 2013, the American College of Gastroenterology published new guidelines for the diagnosis and management of gastroesophageal reflux disease (GERD). These guidelines define GERD as symptoms or complications resulting from the reflux of gastric contents into the esophagus or beyond – into the oral cavity (including larynx), or into the lung. GERD can be further classified as erosive (ERD) or non-erosive disease (NERD) based on endoscopic examination.

The recommendations for the management of GERD have not changed much from past guidelines. Lifestyle modifications are still recommended, including weight loss for patients who are overweight or have had recent weight gain, elevation of the head of the bed, and avoidance of meals 2-3 hours before bedtime in patients with nocturnal GERD. Elimination of all foods that can trigger reflux is no longer recommended, as there are no studies to date that have shown clinical improvement in GERD symptoms or complications associated with the elimination of trigger foods. Selective elimination of foods can be considered in patients who note a correlation with GERD symptoms and improvement with the elimination of trigger foods.

In addition to lifestyle modifications, treatment with medications is recommended. An 8-week course of therapy with Proton-Pump Inhibitors (PPIs) is the therapy of choice for symptom relief and healing of the esophagus. Histamine-Receptor Antagonists (H_2RAs) are an option for maintenance in patients without erosive disease.

There are currently seven available PPIs and meta-analysis has failed to show a significant difference in efficacy for symptom relief among PPIs. Dosing optimization is important for all patients taking PPIs, especially those who remain symptomatic with treatment. All PPIs, with the exception of omeprazole-sodium bicarbonate and dexlansoprazole, should be administered 30-60 minutes before a meal to assure maximal efficacy. In patients without symptom relief with PPI therapy, the dosing of PPIs should be optimized before increasing the frequency of doses to twice daily or switching to another PPI. Studies have shown that suboptimal dosing is common in practice.

The full guidelines can be found at: http://d2j7fjepcxuj0a.cloudfront.net/wp-content/uploads/2013/03/ACG_Guideline_GERD_March_2013.pdf

References

Katz PO, Gerson LB, Vela MF. Guidelines for the Diagnosis and Management of Gastroesophageal Reflux Disease. *Am J Gastroenterol*. 2013;108:308-328.

New Recommendations for Blood Pressure Control in Diabetic Patients

In a recently published supplement to their guidelines for the treatment of diabetes, the American Diabetes Association (ADA) has modified their recommendations for target blood pressure. The new target is now <140/80 mmHg, which has a higher systolic goal than the previous goal of <130/80 mmHg. This change is based on results from the ACCORD trial published in 2010.

An arm of the ACCORD trial tested whether a systolic blood pressure goal of <120 mmHg (intensive therapy) was more beneficial than 130-140 mmHg (standard therapy) in preventing non-fatal MI, non-fatal stroke, and CVD death. Of these primary end points, there were no statistically different results (P=0.20). Of their secondary outcomes, only stroke in the intensive group had a statistically significant difference when compared to standard therapy. The blood pressures achieved by both groups were 119/64 mmHg and 133/70 mmHg for the intensive and standard group, respectively. The patients in the intensive therapy group required 3.4 medications in order to reach this goal, while the standard group needed only 2.1 medications. Additionally, the patients in the intensive group demonstrated a higher rate of adverse events due to the hypertensive therapy (e.g., syncope, hyperkalemia) at a rate of 3.3% vs. 1.1% (P=0.001). Also noted was the fact that over a 5-year period, there was no difference between the intensive and standard therapy in regard to renal function and development of microvascularization problems.

The ADA continues to recommend that pharmacological therapy for diabetic patients with hypertension include an inhibitor of the renin-angiotensin system (RAS), an angiotensin converting enzyme (ACE) inhibitor, or an angiotensin receptor blocker (ARB). If one class of RAS inhibitors is not tolerated, the other should be substituted. In patients with type 2 diabetes with hypertension and normoalbuminuria, RAS inhibitors may delay the onset of microalbuminuria.

The ADA continues to stress that control of blood pressure is paramount in the treatment of diabetes. Many studies have demonstrated the benefits of controlling a diabetic patient's blood pressure to <140 mmHg.

The new supplement also suggests that some patients should still try to achieve a systolic blood pressure of <130 mmHg. Patients who already have their blood pressure controlled at <130 mmHg with no side effects should continue their current regimen. Younger diabetic patients are also mentioned; these patients stand to benefit the most from a long-term antihypertensive therapy in areas such as preventing macro- and micro-vascular complications. Patients with a higher risk for stroke should also aim for <130 mmHg.

These new recommendations allow for a slightly more relaxed goal when it comes to treating hypertension in a diabetic patient. The ACCORD trial demonstrated a relative lack of superiority of the old goal of <130 mmHg in attempting to prevent CVD and also a higher rate of adverse events in this group.

References

American Diabetes Association. Standards of medical care in diabetes-2013. *Diabetes Care* 2013;36(Suppl 1):S11-66. Available from: http://care.diabetesjournals.org/content/36/Supplement_1/S11.full#sec-29.

Cushman WC, Evans GW, Byington RP, et al.; ACCORD Study Group. Effects of intensive blood-pressure control in type 2 diabetes mellitus. *N Engl J Med* 2010;362:1575–1585.

The Call Center phone numbers for the three Managed Care Organizations participating in KanCare are listed below. For more information on KanCare visit http://www.kancare.ks.gov/index.htm.

KanCare MCO/PBM Call Center Numbers

Plan Name	PBM	Pharmacy	PA	Beneficiary
Amerigroup of Kansas, Inc.	CVS/Caremark	1-800-364-6331	1-855-323-4696	1-800-600-4441
Sunflower State Health Plan	US Script	1-877-249-2718	1-877-397-9526	1-877-644-4623
UnitedHealthcare of the Midwest	OptumRx	1-877-305-8952	1-800-310-6826	1-877-542-9238

Preferred Drug List

The Preferred Drug List (PDL) is maintained by KDHE-DHCF. Each MCO and KMAP follow the same PDL. Below is a list of current preferred agents. A complete list of both preferred and non-preferred agents may be found on the KDHE-DHCF Web site. The Preferred Drug List is typically updated on the first of each month; please visit the KDHE-DHCF Web site for the most recent version: http://www.kdheks.gov/hcf/pharmacy/pharmacy_druglist.html.

Allergy, Asthma, & COPD Agents

Anticholinergics for the Maintenance of COPD
Spiriva® (tiotropium)

Combination Products for Allergic Rhinitis
Dymista® (azelastine/fluticasone)

Short-Acting Beta$_2$-Agonists
AccuNeb® (albuterol)
ProAir HFA® (albuterol)
Proventil® (albuterol)
Ventolin® (albuterol)

Long-Acting Beta$_2$-Agonists
**Clinical PA may be required*
Foradil® (formoterol)
Serevent® (salmeterol)

Inhaled Long-Acting Beta$_2$-Agonists/Corticosteroids
Advair® (fluticasone/salmeterol)
Dulera® (formoterol/mometasone)

Inhaled Corticosteroids
Asmanex® (mometasone)
Flovent® (fluticasone)
Pulmicort Respules® (budesonide)
-≤6 years of age only
QVAR® (beclomethasone)

Intranasal Corticosteroids
Flonase® (fluticasone)
Nasacort AQ® (triamcinolone)
-branded products only
Nasonex® (mometasone)
Qnasl® (beclomethasone)
Veramyst® (fluticasone)

Intranasal Antihistamines
Astelin® (azelastine)
Patanase® (olopatadine)

Non-Sedating Antihistamines
Claritin® (loratadine)
Zyrtec® (cetirizine)

Ophthalmic Antihistamine/Mast CellStabilizer Combinations
Alaway® (ketotifen)
Pataday® (olopatadine)
Patanol® (olopatadine)
Refresh® (ketotifen)
Zaditor® (ketotifen)

Analgesics

Long-Acting Opioids
Morphine Sulfate ER generics
OxyContin® (oxycodone SR)

Muscle Relaxants (Skeletal)
Flexeril® (cyclobenzaprine)
Parafon Forte DSC® (chlorzoxazone)
Robaxin® (methocarbamol)
Robaxin-750® (methocarbamol)
Robaxisal® (methocarbamol/aspirin)

Muscle Relaxants (Spasticity)
Lioresal® (baclofen)
Zanaflex® (tizanidine)
-tablets only

Ophthalmic NSAIDs
Acular® (ketorolac)
Acular LS® (ketorolac)
Acuvail® (ketorolac)
Nevanac® (nepafenac)
Ocufen® (flurbiprofen)
Voltaren® Ophthalmic (diclofenac)

Analgesics (continued)

Topical NSAIDs
Pennsaid® (diclofenac)
Voltaren® Gel (diclofenac)

Oral NSAIDs
Advil® (ibuprofen)
Aleve® (naproxen)
Anaprox® (naproxen)
Anaprox DS® (naproxen)
Ansaid® (flurbiprofen)
Arthrotec® (diclofenac/misoprostol)
Cataflam® (diclofenac potassium)
Clinoril® (sulindac)
Daypro® (oxaprozin)
EC-Naprosyn® (naproxen)
Feldene® (piroxicam)
-branded products only
Indocin® (indomethacin)
Lodine® (etodolac)
Meclomen® (meclofenamate)
Mobic® (meloxicam)
Motrin® (ibuprofen)
Motrin IB® (ibuprofen)
Nalfon® (fenoprofen)
Naprelan® (naproxen)
Naprosyn® (naproxen)
Orudis® (ketoprofen)
Orudis KT® (ketoprofen)
Oruvail® (ketoprofen)
Ponstel® (mefenamic acid)
Tolectin DS® (tolmetin)
Tolectin 600® (tolmetin)
Toradol® (ketorolac)
-limited to a 5 day supply
Voltaren® (diclofenac)
Voltaren® XR (diclofenac)

Triptans
Amerge® (naratriptan)
Axert® (almotriptan)
Imitrex® (sumatriptan)
-tablets only
Relpax® (eletriptan)

Antihyperlipidemics

Bile Acid Sequestrants
Colestid® (colestipol)
Prevalite® (cholestyramine)
Questran® (cholestyramine)
Questran® Light (cholestyramine)

Fibric Acid Derivatives
Fenofibrate generics
Lopid® (gemfibrozil)
Tricor® (fenofibrate)
Trilipix® (fenofibric acid)

Statins
Lipitor® (atorvastatin)
Lovastatin generics
Mevacor® (lovastatin)
Pravachol® (pravastatin)
Zocor® (simvastatin)

Anti-Infectives

Antiherpes Virus Agents
Zovirax® (acyclovir)
-oral dosage forms only

Biologics

Adult Rheumatoid Arthritis
*Clinical PA may be required
Enbrel® (etanercept)
Humira® (adalimumab)

Ankylosing Spondylitis
*Clinical PA may be required
Enbrel® (etanercept)
Humira® (adalimumab)

Crohn's Disease
*Clinical PA may be required
Humira® (adalimumab)
Remicade® (infliximab)

Juvenile Idiopathic Arthritis
*Clinical PA may be required
Enbrel® (etanercept)
Humira® (adalimumab)

Plaque Psoriasis
*Clinical PA may be required
Enbrel® (etanercept)
Humira® (adalimumab)

Psoriatic Arthritis
*Clinical PA may be required
Enbrel® (etanercept)
Humira® (adalimumab)

Ulcerative Colitis
*Clinical PA may be required
Humira® (adalimumab)
Remicade® (infliximab)

Cardiovascular Agents

ACE Inhibitors
Accupril® (quinapril)
Capoten® (captopril)
Lotensin® (benazepril)
Monopril® (fosinopril)
Prinivil® (lisinopril)
Vasotec® (enalapril)
Zestril® (lisinopril)

ACE Inhibitors/CCB Combos
Lotrel® (benzapril/amlodipine)

ARBs
Benicar® (olmesartan)
Benicar® HCT (olmesartan/HCTZ)
Cozaar® (losartan)
Diovan® (valsartan)
Diovan® HCT (valsartan/HCTZ)
Hyzaar® (losartan/HCTZ)
Micardis® (telmisartan)
Micardis® HCT (telmisartan/HCTZ)

ARB/CCB Combos
Azor® (amlodipine/olmesartan)
Exforge® (amlodipine/valsartan)

Beta-Blockers
Betapace® (sotalol)
Betapace AF® (sotalol AF)
Blocadren® (timolol)
Coreg® (carvedilol)
Corgard® (nadolol)
Inderal® (propranolol)
InnoPran® XL (propranolol XL)
Kerlone® (betaxolol)
Lopressor® (metoprolol tartrate)
Propranolol® Intensol (propranolol)
Sectral® (acebutolol)
Tenormin® (atenolol)
Toprol® XL (metoprolol succinate)
Visken® (pindolol)

Cardiovascular Agents (continued)

CCBs (Dihydropyridines)
Adalat CC® (nifedipine ER)
Cardene® (nicardipine IR)
DynaCirc® (isradipine)
DynaCirc® CR (isradipine)
Norvasc® (amlodipine)
Procardia® XL (nifedipine ER)

CCBs (Non-Dihydropyridines)
Calan® (verapamil IR)
Calan® SR (verapamil SR)
Cardizem® (diltiazem IR)
Covera HS® (verapamil)
-branded products only
Diltia XT® (diltiazem)
-brand & AB-rated generics
Isoptin® SR (verapamil SR)
Tiazac® (diltiazem)
-brand & AB-rated generics
Verelan® (verapamil SR)

Central Nervous System Agents

Adjunct Antiepileptics
Gabitril® (tiagabine)
Keppra® (levetiracetam)
Keppra® XR (levetiracetam XR)
Lyrica® (pregabalin)
Neurontin® (gabapentin)
Zonegran® (zonisamide)

Non-Benzo Sedative Hypnotics
Ambien® (zolpidem)
Zolpidem generics

Non-Scheduled Sleep Agents
Rozerem® (remelteon)

Diabetic Agents

Alphaglucosidase Inhibitors
Glyset® (miglitol)

Biguanides
Glucophage® (metformin)
Metformin ER generics

Dipeptidyl Peptidase-4 Inhibitors
Januvia® (sitagliptin)
Onglyza® (saxagliptin)
Tradjenta® (linagliptin)

Meglitinides
Starlix® (nateglinide)

Incretin Mimetics
**Clinical PA may be required*
Byetta® (exenatide)
Victoza® (liraglutide)

Insulin Delivery Systems
All multi-dose vials
Novolog® PenFill & FlexPen
Novolog® Mix PenFill & FlexPen

Long-Acting Insulin (Vials Only)
Lantus® (insulin Glargine)

2nd Generation Sulfonylureas
Amaryl® (glimepiride)
DiaBeta® (glyburide)
Glucotrol® (glipizide)
Glucotrol® XL (glipizide XL)
Glucovance® (glyburide/metformin)
Glynase PresTab® (micronized glyburide)
Micronase® (glyburide)

The list of preferred drugs is continued on Page 4. This list was updated on **09/01/2013**. Please visit the KDHE-DHCF Web site for the most current version. Please note that when a generic product is available for a preferred or non-preferred agent, the pharmacy will receive a lower reimbursement rate for the branded product unless a DAW PA is approved.

Preferred Drug List

Continued from Page 3.

Diabetic Agents (continued)

Thiazolidinediones

Actos® (pioglitazone)
ACTOplus Met® (pioglitazone/metformin)
ACTOplus Met® XR (pioglitazone/metformin)
Avandia® (rosiglitazone)

Gastrointestinal Agents

H_2 Antagonists

Pepcid® (famotidine)
Zantac® (ranitidine)
Zantac EFFERdose® (ranitidine)

Pancreatic Enzyme Replacements

Creon® (pancrelipase)
Zenpep® (pancrelipase)

Gastrointestinal Agents (continued)

Proton Pump Inhibitors

Prilosec® (omeprazole)
Protonix® (pantoprazole)

Serotonin $5HT_3$ Antagonists

Zofran® (ondansetron)
Zofran® ODT (ondansetron)

Gout Agents

Xanthine Oxidase Inhibitors

Zyloprim® (allopurinol)

Injectables (continued)

Growth Hormones

*Clinical PA may be required

Genotropin® (somatropin)
Genotropin® MiniQuick (somatropin)
Omnitrope® (somatropin)
Saizen® (somatropin)
Tev-Tropin® (somatropin)

Erythropoiesis-Stimulating Agents

Epogen® (epoetin alfa)
Procrit® (epoetin alfa)

Osteoporosis Agents

Bisphosphonates

Fosamax® (alendronate)
Fosamax Plus D® (alendronate/cholecalciferol)

Ophthalmic Agents

Ophthalmic Prostaglandin Analogs

Travatan Z® (travoprost)
Xalatan® (latanoprost)
Zioptan® (tafluprost)

Urologic Agents

Anticholinergics

Detrol® (tolterdine)
Detrol® LA (tolterodine ER)
Ditropan® (oxybutynin)
Toviaz® (fesoterodine)

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Please send questions or comments regarding this newsletter to KSDURNewsletter@hidinc.com

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